

CERTIFICATE OF DEATH

REGISTRAR'S NO.

73

BIRTH NO.

27 OF DEATH AND 45 RESIDENCE 0348	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 7 Days IN ARIZONA 7 Days		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa			
	C. CITY OR TOWN Wickenburg		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Wickenburg <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Community Hospital				D. STREET ADDRESS 546 N. Madison St. (IF RURAL, GIVE LOCATION)			
CEDENT 2 PERSONAL 307 DATA 307 0 X55	3. NAME OF DECEASED (TYPE OR PRINT) Ronald Perry		A. (FIRST) Perry B. (MIDDLE) Chaffins C. (LAST)		4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married	
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH Nov. DAY 8 YEAR 1955	B. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS 7 DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) None	
	9B. KIND OF BUSINESS OR INDUSTRY None		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None
CAUSE OF DEATH EM 18)	14A. FATHER'S NAME Harry L. Chaffins		14B. BIRTHPLACE (STATE OR COUNTRY) Ky		15A. MOTHER'S MAIDEN NAME Carolyn Ball		15B. BIRTHPLACE (STATE OR COUNTRY) Colo	
	16. INFORMANT'S SIGNATURE Mrs. Harry L. Chaffins, Wickenburg Arizona				17. DATE OF DEATH MONTH Nov DAY 15 YEAR 1955			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FIRST (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. Septicemia & Dehydration Due to septicaemia		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH 2 days					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Birth , IS 11-15-55 , TO 11-15-55 , THAT I LAST SAW THE DECEASED ALIVE ON 11-15-55 , IS 9:15 P.M. , AND THAT DEATH OCCURRED AT 9:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE F. Lloyd Brallier M.D.		22B. ADDRESS Wickenburg, Arizona		22C. DATE SIGNED 11-17-55			
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
GENERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 11-18-55		25C. NAME OF CEMETERY OR CREMATORY Wickenburg		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Arizona	
	26A. DATE REC. BY LOCAL REG. 11/18/55		26B. REGISTRAR'S SIGNATURE F. H. Wackler		27A. FUNERAL DIRECTOR'S SIGNATURE H. L. Coffinger		27B. ADDRESS Wickenburg Ariz	